



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 30, 2019

Ms. Katherine Satterthwaite, Manager
Watson House
Po Box 878
North Bennington, VT 05257

Dear Ms. Satterthwaite:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 1, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0160	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER WATSON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 878 NORTH BENNINGTON, VT 05257		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 4/1/19 and there were regulatory findings.	R100	Please see attached plans of correction.	
R134 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a resident assessment was completed within 14 days of admission for 1 (one) of 3 (three) residents, Resident #2. Findings include: Resident #2 was admitted to the facility on 10/13/19 and there is no evidence in the record that indicates an admission assessment was complete. Per interview with the RN on 4/1/19 at 11:50 AM, s/he stated that an admission assessment had to have been completed but states that the assessment in the medical record indicates that it was a re-assessment that was done on 11/26/18, s/he probably shredded the original admission assessment. S/he further stated that there was no evidence of it being completed.	R134		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0009 DORV11

If continuation sheet 1 of 5

R134 - R302 POCs accepted 4/25/19 BBatch RN/mme

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R179	V. RESIDENT CARE AND HOME SERVICES SS=D	R179		
<p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 3 (three) of the 3 (three) direct care staff in the sample, had completed the required number of hours of training that included resident emergency response procedures, such as the Heimlich maneuver, accidents and First Aid. Findings</p>				

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R179	Continued From page 2 include: During record review of the In-Service Training records, there was no evidence that the three selected staff members had received training in emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid. The Registered Nurse confirmed, at 9:30 AM on 4/1/19, that the staff had not received training in the past twelve months as required.	R179		
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.	R181		
This REQUIREMENT is not met as evidenced				

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R181	Continued From page 3 by: Based on staff interview and record review, the facility failed to ensure that 1 (one) of 3 (three) direct care staff in the sample had the required background checks completed.. Findings include: There was no evidence that the facility had obtained the required Adult and Child Abuse Registry Checks for one staff member. The record indicated that the results were pending. The Registered Nurse stated, in an interview on 4/1/19 at 10:30 AM, that the request had been sent to the Abuse Registry 3/30/16 but s/he is not sure where the results are and confirmed that there is no evidence of the results.	R181		
R302 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.	R302		
This REQUIREMENT is not met as evidenced by:				

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R302	<p>Continued From page 4</p> <p>Based on staff interview and record review, the facility failed to ensure that fire drills were conducted on at least a quarterly basis and during rotated times of day. Findings include:</p> <p>During record reviews on 4/1/19, there was no evidence that the facility conducted quarterly fire drills. The drills reviewed were between March 12, 2018 and March 31, 2019 and they were conducted 3/12/18, 5/7/18, 7/8/18 and the last one recorded was 9/12/18. Two of the drills were held during the night hours, one during the day hours and one during the evening hours; none were held during the afternoon hours. The Registered Nurse confirmed on 4/1/18 at 9:45 AM that the log was not up to date, but was not able to give the dates and times that the other fire drills had been conducted.</p>	R302		

R134 Assessment of resident in question was completed within 14 days of admission and a subsequent reassessment was done and placed in chart. The original assessment was destroyed so there would be only one up to date copy in the chart. R.N. did not realize that all assessments must be hard copied and kept in records.

To correct this matter R.N. will complete assessments as required and all hard copies will be kept either in the resident record or in the overflow.

R179 Emergency response in-service was conducted, however did not include first aide. We do have a LPN and RN on staff and the other few employees are instructed what to do in event of an emergency event and what to do as first response to an injury or medical situation. We will include this in our required in-service training manual and have the employees sign that they have received training for the record. During the year we have several other in-service to continue education for the staff that are not limited to the required ones.

R.N. has contacted the Rescue squad regarding a CPR First Aide course to be given. This has been scheduled for May 22, 2019 at 5 pm. All staff members will be attending for completion.

R181 A background check was completed and reviewed on this staff member prior to hiring. It came by email and R.N. reviewed and there were no findings. A printout of the email was not done and the computer crashed and we were unable to retrieve any information.

Another background check was done 4/24/19 and a copy is attached.

A background check will be done as required prior to employment and a printout will be made and attached to the application.

R302 Fire drills and fire safety are conducted every 2 months. This is not limited to a drill but also education of staff in use of fire extinguisher, alarm system, the event of a false alarm, inspections by fire department of building, generator maintenance and inspection of boiler and hot water heater. The facility is a non-smoking facility. Records from 9/12/18 were not placed in manual. RN was unable to locate them on the date of inspection.

To avoid this in the future a manual and calendar have set dates for the future year and include the daylight savings dates to assure that the batteries and smoke detectors are changed and cleaned. R.N. will be more diligent in filing report. They will also include morning, afternoon, evening and night rather than just 3 shifts.

Katharie R. Satterthwaite RN

4-25-19